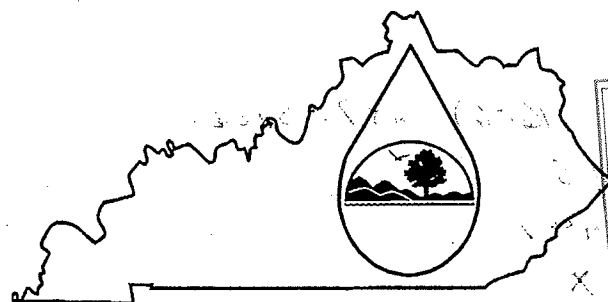
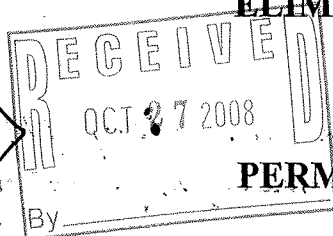


KPDES FORM 1

AI# 35459



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM



PERMIT APPLICATION

This is an application to: (check one)

- ☐ Apply for a new permit.
☒ Apply for reissuance of expiring permit.
☐ Apply for a construction permit.
☐ Modify an existing permit.

Give reason for modification under Item II.A.

A complete application consists of this form and one of the following:

Form A, Form B, Form C, Form F, or Short Form C

For additional information contact:

KPDES Branch (502) 564-3410

I. FACILITY LOCATION AND CONTACT INFORMATION		AGENCY USE	0074128
A. Name of business, municipality, company, etc. requesting permit <u>Jackson Co. Board of Education</u>			
B. Facility Name and Location		C. Facility Owner/Mailing Address	
Facility Location Name: <u>Tyner Elementary School</u>		Owner Name: <u>Jackson Co. Board of Education</u>	
Facility Location Address (i.e. street, road, etc.): <u>Highway 30 West</u>		Mailing Street: <u>P.O. Box 217</u>	
Facility Location City, State, Zip Code: <u>Tyner, Kentucky 40486</u>		Mailing City, State, Zip Code: <u>Mt Vernon, Kentucky 40447</u>	
		Telephone Number: <u>(606) 287-7181</u>	

II. FACILITY DESCRIPTION

A. Provide a brief description of activities, products, etc:

Engaged in collection, treatment, and disposal of wastewater for a school.

B. Standard Industrial Classification (SIC) Code and Description

Principal SIC Code & Description:

P5-5 Elementary School Wastewater Treatment ^{Package Plant}

Other SIC Codes:

8000000000 8211 Elementary and Secondary Schools

III. FACILITY LOCATION

A. Attach a U.S. Geological Survey 7 1/2 minute quadrangle map for the site. (See instructions)

B. County where facility is located: Jackson County

City where facility is located (if applicable): NA

C. Body of water receiving discharge: Grassy Branch

D. Facility Site Latitude (degrees, minutes, seconds):

37° 20' 41"

Facility Site Longitude (degrees, minutes, seconds):

83° 55' 37"

E. Method used to obtain latitude & longitude (see instructions):

Modcheck

F. Facility Dun and Bradstreet Number (DUNS #) (if applicable):

IV. OWNER/OPERATOR INFORMATION	
A. Type of Ownership: <input checked="" type="checkbox"/> Publicly Owned <input type="checkbox"/> Privately Owned <input type="checkbox"/> State Owned <input type="checkbox"/> Both Public and Private Owned <input type="checkbox"/> Federally owned	
B. Operator Contact Information (See instructions)	
Name of Treatment Plant Operator: Charles Jackson	Telephone Number: (606) 287-8166
Operator Mailing Address (Street): P.O. Box 217 Hwy 4215	
Operator Mailing Address (City, State, Zip Code): Mekerr, Ky. 40447	
Is the operator also the owner? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Is the operator certified? If yes, list certification class and number below. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Certification Class: WW Treatment 1	Certification Number: 17699

V. EXISTING ENVIRONMENTAL PERMITS		
Current NPDES Number:	Issue Date of Current Permit:	Expiration Date of Current Permit:
Number of Times Permit Reissued:	Date of Original Permit Issuance:	Sludge Disposal Permit Number:
Kentucky DOW Operational Permit #:	Kentucky DSMRE Permit Number(s):	

C. Which of the following additional environmental permit/registration categories will also apply to this facility?

CATEGORY	EXISTING PERMIT WITH NO.	PERMIT NEEDED WITH PLANNED APPLICATION DATE
Air Emission Source		
Solid or Special Waste		
Hazardous Waste - Registration or Permit		

VI. DISCHARGE MONITORING REPORTS (DMRs)

KPDES permit holders are required to submit DMRs to the Division of Water on a regular schedule (as defined by the KPDES permit). The information in this section serves to specifically identify the department, office or individual you designate as responsible for submitting DMR forms to the Division of Water.

A. Name of department, office or official submitting DMRs:	Ed Morgan, Jr.
B. Address where DMR forms are to be sent. (Complete only if address is different from mailing address in Section I.)	
DMR Mailing Name:	Jackson County Public Schools
DMR Mailing Street:	P.O. Box 217 Hwy 4215
DMR Mailing City, State, Zip Code:	Mekerr, Ky. 40447
DMR Official Telephone Number:	(606) 287-7181


VII. APPLICATION FILING FEE

KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount. Descriptions of the base fee amounts are given in the "General Instructions."

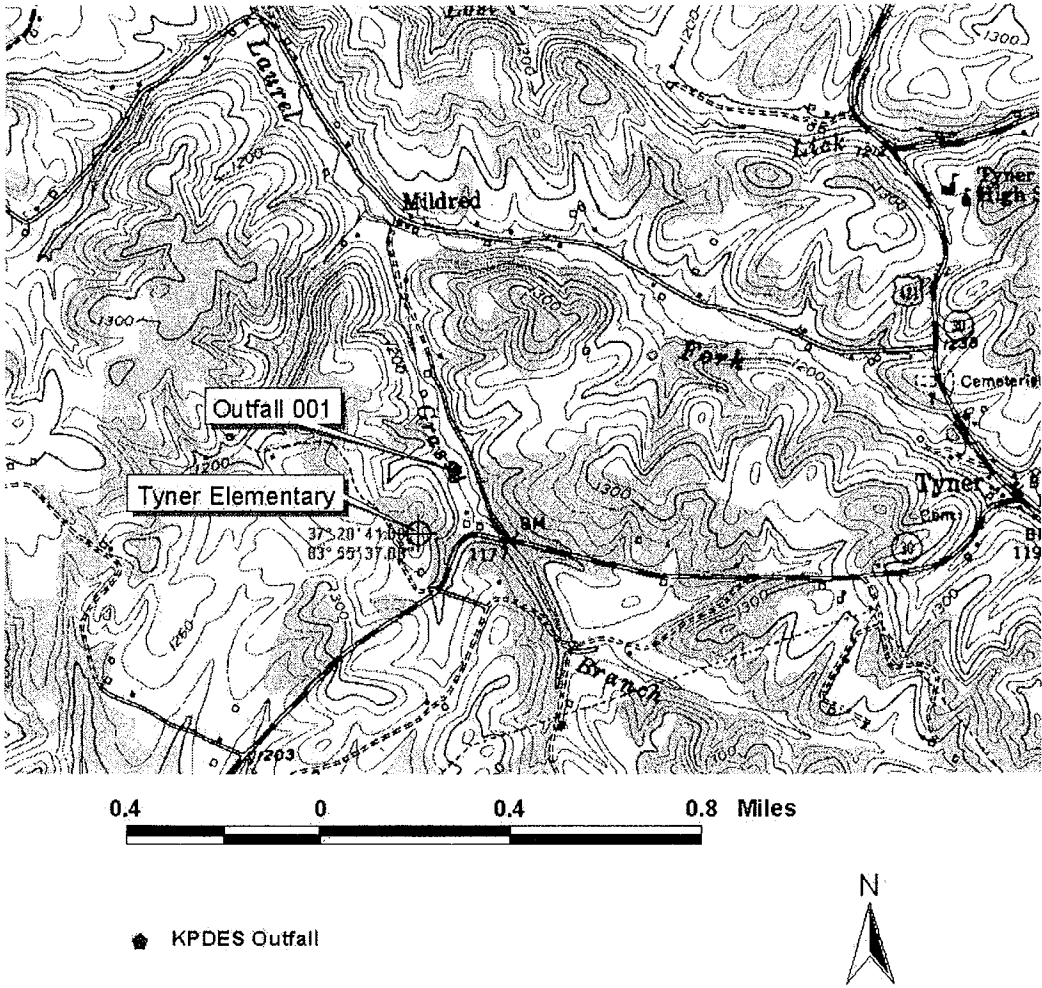
Facility Fee Category:	Filing Fee Enclosed:
------------------------	----------------------

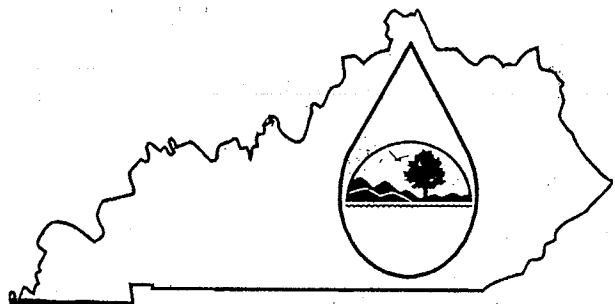
VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

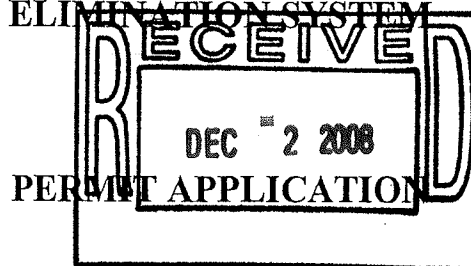
NAME AND OFFICIAL TITLE (type or print): <i>Ralph Hoskins, Superintendent</i>	TELEPHONE NUMBER (area code and number): <i>(606) 287-7181</i>
SIGNATURE 	DATE: <i>10-24-08</i>

Tyner Elementary School





KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM



A complete application consists of this form and Form 1.
For additional information, contact: KPDES Branch, (502) 564-3410.

NAME OF FACILITY: <i>Tyner Elementary School</i>											
I. FACILITY DISCHARGE FREQUENCY				AGENCY USE	0	0	7	4	1	2	8
A. Do discharge(s) occur all year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (Complete Item IX for intermittent discharges.)											
B. How many days per week?				<i>7</i>							
II. A. Give the basis of design for sizing of the wastewater facility (see instructions): <i>80 Adults 495 Students 57,681 sq.ft.</i>											
B. If new discharger, indicate anticipated discharge date:											
C. Indicate the design capacity of the treatment system:				<i>.01</i> MGD							

III. Outfall Location (see instructions)

Outfall (list)	LATITUDE			LONGITUDE			RECEIVING WATER (name)
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
<i>001</i>	<i>37</i>	<i>20</i>	<i>48</i>	<i>83</i>	<i>55</i>	<i>-32</i>	<i>Grassy Branch</i>

Method used to obtain latitude/longitude
(i.e. GPS unit, USGS topographic map coordinates, etc.)

IV. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES (see instructions)				
If wastewater other than domestic or sanitary is listed, complete page 4 in addition to page 1 and 2.				
OUTFALL NO. (list)	OPERATION(S) CONTRIBUTING FLOW		TREATMENT	
	Operation (list)	Avg/Design Flow (include units)	List treatment components	List Codes from Table SC-1
001	Sanitary Wastewater	7500 GPM	Activated Sludge	3-A
			Anaerobic Treatment	3-C
			Treatment by Plain Aeration	3-M
			Discharge to Surface Water	4-A
			Anaerobic Digestion	5-B
			Chlorine Treatment	5-F

V. Check the type(s) of wastewater discharged.

- ☒ Domestic (60% or more sanitary sewage)
 ☐ Oil field waste
- ☐ Noncontact cooling water
 ☐ Other (list):

VI. Does all water used at facility (except for human consumption) flow to a treatment plant? ☒ Yes ☐ No

VII. Discharge to other than surface waters. Check appropriate location:

- ☐ Publicly-owned lake or impoundment Name of lake:
- ☐ Publicly-owned treatment works (POTW). * Name of POTW:
- ☐ Land application of Effluent
- ☐ Surface injection (Check term and identify on map) ☐ lateral field; ☐ sinkhole; ☐ sinking stream; ☐ deep well
- ☐ Closed Circuit (Check appropriate term) ☐ Holding tank; ☐ Mechanical evaporation; ☐ Waste impoundment

VIII. Check the metals present in the discharge if applicable and indicate the quantity discharged per year. (Indicate units).

<input type="checkbox"/>	Antimony	
<input type="checkbox"/>	Arsenic	
<input type="checkbox"/>	Beryllium	
<input type="checkbox"/>	Cadmium	
<input type="checkbox"/>	Chromium	

<input type="checkbox"/>	Copper	
<input type="checkbox"/>	Lead	
<input type="checkbox"/>	Mercury	
<input type="checkbox"/>	Nickel	
<input type="checkbox"/>	Selenium	

<input type="checkbox"/>	Silver	
<input type="checkbox"/>	Thallium	
<input type="checkbox"/>	Zinc	
<input type="checkbox"/>		
<input type="checkbox"/>		

IX. INTERMITTENT DISCHARGES (Complete this section for intermittent discharges.)

A. Number of bypass points:	(If bypass points are indicated, information below must be completed for each bypass.)	
Check when bypass occurs:	<input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of bypass incidents	per year	per year
Give average duration of bypass	hours	hours
Give average volume per incident	1,000 gallons	1,000 gallons
Give reason why bypass occurs:		

B. Number of Overflow Points: (If discharge is from an overflow point, the information below must be completed.)

Check when overflow occurs:	<input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of overflow incidents:	per year	per year
Give average duration of overflow:	hours	hours
Give average volume per incident:	1,000 gallons	1,000 gallons

C. Number of seasonal discharge points	
Give the number of times discharge occurs per year	
Give the average volume per discharge occurrence	(1,000 gallons)
Give the average duration of each discharge	(days)
List month(s) when the discharge occurs	

X. AREA SERVED (see instructions)

NAME	ACTUAL POPULATION SERVED
Tyner Elementary School	575
TOTAL POPULATION SERVED	575


XI. COOLING WATER ADDITIVES AND THEIR COMPOSITIONS		
Additive	Composition	Concentration (mg/l)

XII. EFFLUENT CHARACTERISTICS			
A. Indicate results of analysis for pollutants listed below.			
POLLUTANT/PARAMETER	MAX DAILY VALUE	AVG DAILY VALUE	NUMBER OF SAMPLES
BOD ₅	5.00 3.20	2.50 1.90	1/30
TOTAL SUSPENDED SOLIDS	5.00 3.20 1.90	2.50 1.90	1/30
FECAL COLIFORM	400 <10	300 <10	1/30
TOTAL RESIDUAL CHLORINE	0.019 0.0	0.011 0.0	1/30
OIL AND GREASE	— 1.4	— 1.4	— 1/30
CHEMICAL OXYGEN DEMAND	— 87	— 87	— 1/30
TOTAL ORGANIC CARBON	— 10.48	— 10.48	— 1/30
AMMONIA	0.67 0.34	0.23 0.20	1/30
DISCHARGE FLOW	Flow in conduit or thru Treatment Plant		
PH	9.0 7.1	6.0 6.87	1/30
TEMPERATURE (WINTER)	—	—	—
TEMPERATURE (SUMMER)	—	—	—

B. Frequency and duration of flow:	24 hours 7 day a week
------------------------------------	-----------------------

XIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
Ralph Hoskins, Superintendent	(606) 287-7181
SIGNATURE	DATE
	10-24-08